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# Harvard Medical Alumni Bulletin

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# new evidence of the efficacy of Dexedrine in weight reduction

Excerpts from a recent study entitled, THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite —by Harris, S. C.; Ivy, A. C., and Searle, L. M.: J. A. M. A. 134:1468 (Aug. 23) 1947.

*experiment 1.* Does Dexedrine Sulfate, by controlling appetite, decrease food intake and body weight in human subjects?

*results* “. . . our obese subjects lost weight when placed on a diet which allowed them to eat all they wanted three times a day . . .”

*experiment 4.* Does the rather prolonged administration of Dexedrine cause any evidence of disturbance of tissue functions?

*results* “No evidence of toxicity of the drug as employed in these studies was found . . . no evidence of deleterious effects of the drug was observed.”

## Dexedrine Sulfate

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of appetite  
in weight  
reduction



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# SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

**V**ITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park\* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

\*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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## Medical School Notes



### THE PLANT

There are no outward changes in the familiar buildings as a new academic year commences, but within, a certain amount of reshuffling has gone on. Most noteworthy is the removal from the Medical School of the State Wasserman Laboratory to its new home at Forest Hills. The Laboratory came into being in 1909. Its original purpose was for testing the blood and spinal fluid of patients at the State Mental Hospitals. In 1915 it was taken over by the Department of Public Health by whom it has been administered ever since. Its removal frees considerable needed space which will not be vacant long. So greatly is space needed that sometimes strange bedfellows are created. For instance in the basement of the School of Dental Medicine is the new research laboratory of the Department of Obstetrics. Such close proximity may lead to anything. In several instances the unusually high rooms have been bisected horizontally creating new floors and it is rumored that the same thing may happen to the amphitheaters themselves, if engineers can devise feasible methods.

### THE FACULTY

Several noteworthy gains and losses have taken place. Dr. David Davis Rutstein has been appointed Charles Wilder Professor of Preventive Medicine and Epidemiology succeeding Dr. John E. Gordon who has transferred his allegiance to the School of Public Health. Dr. Rutstein was born in Pennsylvania in 1909, took his S.B. degree at Harvard in 1930 and his M.D. degree also at Harvard in 1934. After a rotating internship in Pennsylvania and 18 months on the 2nd Medical Service at the Boston City Hospital, he joined the New York State Department of Health where he was Medi-

cal Consultant in Pneumonia for three years. In 1940 he was appointed Chief of the Cardiac Bureau in the Department of Health and also Assistant Professor of Medicine at Albany Medical College.

During the war he was National Director of the Gas Protection Section of the Medical Division of the Office of Civilian Defense. He was also Deputy Commissioner of Health and Acting Director of the Bureau of Laboratories of the New York City Department of Health. In addition he was Associate Visiting Physician of the First Medical Division of the Bellevue Hospital and Instructor in Medicine at the College of Physicians and Surgeons. In 1946 he was appointed Medical Director of the American Heart Association and Medical Director of the



David Davis Rutstein



American Council on Rheumatic Fever. He thus returns to Harvard with an unusual background of experience not only in preventive medicine but in clinical medicine as well.

Duncan Earl Reid is the new William Lambert Richardson Professor of Obstetrics, succeeding Dr. Frederick C. Irving whose retirement was announced last winter. He has served on the staff of the Lying-In Hospital since 1933 and has held a teaching appointment at the Medical School since 1935. He was born in Iowa in 1905, graduated from Ripon College in 1927 and received his M.D. from Northwestern University in 1932. He interned at the Passavant Hospital in Chicago before coming to Boston. He has done extensive research in the field of obstetrics.

Dr. Monroe Davis Eaton has been appointed Associate Professor of Bacteriology and Immunology. He comes to Harvard from his former position as Director of the Research Laboratory of the State Department of Public Health in California. He was born in California in 1904, received his A.B. degree in 1927 and his A.M. degree in 1928 from Stanford University. He graduated from the Harvard Medical School in 1930 and for three years taught in the Department of Bacteriology here.



Duncan Earl Reid

Between 1933 and 1936 he was Instructor in Bacteriology at the Yale School of Medicine and in 1936 and 1937 he was Assistant Professor of Bacteriology and Immunology in Washington University School of Medicine. Since 1937 he has been a member of the staff of the International Health Division of The Rockefeller Foundation and Director of the Research Laboratory of the California State Department of Health. His work has dealt for the most part with virus diseases and he has been a prolific writer.

Among the losses in addition to S. Burt Wolbach and Robert M. Green, whose retirements were chronicled in our last issue, must be mentioned C. Guy Lane as Clinical Professor of Dermatology, and Varaztad H. Kazanjian, Assistant Professor of Plastic Surgery. George C. Shattuck, Clinical Professor of Tropical Medicine has also retired.

### *THE STUDENT BODY*

This September for the second year, a new class of students met with Dr. Burwell, not to hear a genial welcome to the School or a gruff reminder that there was much work ahead, but in a clinic with a real patient with real problems in front of them. The discussion covered wide areas of the fields of medicine and thus the new students were made aware of what the next four years should prepare them for, a most happy and exciting manner in which to initiate them into the School.

What sort of a new class is it? Statistics are in general pretty dull, but some of the following facts are worth recording. Applications were received from 1310 individuals, 103 of whom were women. Of these 111 were accepted, including 5 women. The present first year class comes from 30 states, 2 U. S. possessions, and 2 foreign countries, one of which is Afghanistan. Only 22 are from New England. The class represents 105 different colleges. Since only 8% of the applicants were accepted, such a wide geographic range emphasizes the School's nat-

ional and international reputation. The vast majority of the class, 76, are veterans, but there are still 12 under the Navy V-12 program and 1 under ASTP.

It is of interest that whereas usually about 30% of the undergraduates are sons of physicians, in this class there are only 14 or 12%. In fact the sons of clergymen and college professors combined equals the number of doctor's sons.

It may further be noted that whereas in June, 14 prospective students were married, by the time they arrived 22 were in that category.

As regards the curriculum there are no fundamental changes. The only deviation from traditional practices that has come to our attention is in III Year Surgery at the Massachusetts General Hospital, where instead of the time honored instruction in the O.P.D., the students are now acting to a somewhat limited extent as clinical clerks on the wards.

### *ANNUAL MEETING*

A new record was established on the eleventh of June 1947 when 300 graduates met at the Hotel Claridge in Atlantic City on the occasion of the Annual Dinner and Meeting of alumni. The number was about double the size of any previous meeting and from any point of view was a gay and happy occasion for those who were present.

A prolonged cocktail hour was followed by the dinner at the conclusion of which the Annual Meeting was held. Edwin Gildea of St. Louis was elected President for 1947-48. The following new councilors were elected by ballot: Marshall K.

Bartlett, '28, of Boston, Clarence J. Gamble, '20 of Boston and Charles C. Lund, '20, also of Boston.

The head table also created some kind of new record for three present or past Presidents of the A.M.A. were seated there. President Bond presided and introduced President Edward L. Bortz of the A.M.A., who was also Chairman of our Committee on Arrangements. He told of the program of the A.M.A. to further improve medical care of the armed forces and also of the plan for care of the civilian population in case of atomic bombing. Dean Burwell was next introduced and gave a most thought-provoking address on the problems of the Medical School. This dealt in large part with the financial aspect of medical education to be occasioned by the withdrawal of federal aid to G. I. students.

A colored movie of the Medical School in war-time was then shown and Reg Fitz under whose direction the film was made, interpolated a running commentary. This was very well received. Elliott Joslin, Frank Lahey, and Joseph Wearn were introduced and each spoke a few words. Dell Barney, our Vice-President, spoke on the problems of the proposed War Memorial and lastly Edwin Gildea, our President-elect, was introduced and the meeting was adjourned.

From a perhaps prejudiced point of view it appeared to this observer that the dinner was the high point of the A.M.A. meeting. Following the dinner many informal reunions were staged which were audible for a considerable period of time. Next year the meeting will be held in Chicago.



# The Medical School

C. SIDNEY BURWELL, '19

One of the characteristics of medicine today is the prodigiously rapid changes in both knowledge and practice. In David McCord's recent anthology there is a verse by Newman Levy which concerns the rapidity of changes in our lives:

"I WONDER WHAT BECAME OF  
RAND, McNALLY."

Mr. Rand and Mr. McNally  
Arbiters of hills and valley  
Portraitists of sea and land,  
Mr. McNally and Mr. Rand,  
Two sad cartographic chaps,  
Sat in their office surrounded by maps.  
Globes and maps around the room,  
And on their maps a look of gloom.

"Time was when this business of ours was grand,"

Said Mr. McNally to Mr. Rand,  
"When our toughest job was to sit and think  
Shall France be purple and Britain pink?  
Shall Spain be tinted a bright cerise,  
And perhaps a dash of green for Greece?"

"But that," said Rand to Mr. McNally,  
"Was before Benito got rough with Hallie,  
When we didn't fret about changing borders,  
And we just sat here receiving orders."

"Remember those days," McNally said,  
"When we'd plan a map a month ahead,  
And we'd know, if it came out at noon, let's  
say,  
It was up-to-date the entire day?"

"Those days," said Rand, "are gone totally."

"You said it, brother," said Mr. McNally.

The rate and magnitude of change is such that the contents of a medical student, like the contents of a text-book, are partly out of date at the time of publication. Indeed, I've made a little speech to fourth year students that runs like this:

"Your teachers have tried to give you a good opportunity to learn and to offer you information which the evidence indi-

cated to be accurate. Nevertheless, probably half of what you know is no longer true. This troubles me, but what troubles me more is that I don't know which half it is."

This being so, medical schools have two imperative duties:

1) To recruit new students of high character and ability.

2) To recruit faculties of potential distinction.

Each of these tasks requires, among other things, *a wide choice and freedom to select the best man*—and that is the burden of this speech.

The quality of medicine twenty years hence is now being established (and limited) by the quality of the students selected for admission to medical schools. This quality depends partly on the skill of Admission Committees in recognizing merit when they see it and partly on the excellence of the total group willing and able to present themselves as applicants. It is the second problem, i.e. the quality of the applicants, with which this discussion is concerned.

All medical men directly or indirectly concerned with training for medical practice must learn to assess changes in the educational program in terms of their possible influence on recruitment. Will the recent increase in the length of medical training imposed by various specialty boards keep good men from entering the profession? Does the rise in cost of medical education to the student deflect to other fields men needed in medicine? I believe the answer to these questions is clearly "yes".

We may discuss the questions of cost in terms of figures: these deal only with the medical school period of medical education.

In the Harvard Medical School today the tuition (including the health fee) is now \$610, board is now \$11.50 a week, and the average cost of a room in Vanderbilt

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EDITOR'S NOTE: A talk at luncheon meeting at the Associated Harvard Clubs, Milwaukee, Wisconsin, Saturday, May 17, 1947.



Hall about \$250 a year. This means that \$1,200 is the present cost of room, board, and tuition. To this must be added the cost of laundry, clothing, books, instruments, recreation, and travel from home, so that the actual recorded annual expenses of our students run from \$300 to \$800 above the \$1,200, that is from \$1,500 to \$2,000. If we take \$1,750 as the average expenditure, our 510 students expend a total of \$892,500. At the moment about half of this large bill (\$450,000) is being paid by the Federal Government through the G. I. Bill. (P. L. 346).

The average family income of the Harvard Medical School students is between \$8,000 and \$9,000. About 80% of student families have incomes of more than \$3,000; or, to say it another way, 20% of Harvard Medical School students' parents have incomes of less than \$3,000 per year. This number is significantly higher in the first year class which has the largest percentage of veterans. This is evidence, if it is heeded, that the rising cost of medical education does keep good men from entering the profession.

The School has certain student aid funds of its own:

Scholarships about \$30,000/yr.

Loans—money available \$25,000/yr. but these are not nearly adequate when the G. I. aid ceases its present major function.

These figures then present one problem—how to make it possible for able but im-

pecunious men to get this very expensive education. It may be possible to make some slight reduction in student costs but it will certainly be necessary to have some sort of large scholarship program if the quality of medicine is to be maintained.

My second point has to do with the selection of professors and may be stated briefly:

Medical schools tend to become over-departmentalized, subdivided into small sections separated by sound proof walls. When a vacancy occurs in one of these pigeon holes of specialization, there is a strong tendency to fill it with a man bearing the same label as his predecessor. This limits the choice to a relatively small group, i.e., it limits freedom of choice.

Somehow medical schools need to get back a flexibility that will let them change the departmental patterns. This means that departments should from time to time disappear—an event almost unknown up to now. It means also that the titles the university bestows should be as non-specific as possible, and it means that there should be a strong tradition of the movement of teachers from one medical school department to another.

All that I have said is directed to one point: my belief that the future of this School and this profession depends on the recruitment of better and better people and that we must guard against all sorts of limitation to our freedom of selection.



# Present Day Problems In Nursing

EDWARD D. CHURCHILL, '20

Doctors are really worried that the care of their patients is going to suffer from lack of nurses, and in fact, it is already suffering. The first reaction of any human being who faces difficulty is to wish for the return of the good old days when that particular difficulty didn't exist. The second human reaction of a person seeing difficulty ahead is to lay the trouble at the door of any conspicuous change that has taken place since the good old days, without considering the obvious fact that the world is always changing, or that he himself may actually have been responsible, at least in part, for the change that now appears responsible for his difficulties.

One of the notable changes that has taken place concerns nursing education, and it is this subject that many of your doctor friends have selected as the root of all present difficulties. A long time ago nurses were referred to as "trained" nurses. To use this adjective today would be a serious breach of etiquette; now you are "*graduate*" nurses; *institutional* nurses; *private duty* nurses, and perhaps, but only in the legal sense, *registered* nurses. Why have you banished the term "trained" nurse? Why do you have a School of Nursing rather than a Training School?

There is a real difference between training and education. A person (and sometimes even a dog) is trained to carry out certain actions in a precise manner, but without any understanding of these actions that allows for deviation. Education prepares a person to understand the significance of actions so that some degree of judgment may be exerted in how and when they are to be carried out. Soldiers are trained to obey orders and any independent action is denied them. Football players are trained to carry out the play directed by predetermined signals, and all of us have seen forward

passes thrown when it was impossible for the pass to succeed. Now, it would be possible for a doctor to *train* a nurse by constant daily association and painstaking directions. Possibly he could train two or three in the course of a lifetime, particularly if he limited his work to fairly simple cases. This was the relationship that the village doctor used to enjoy with the village practical nurse—and they made a very effective combination in their day.

But doctors have changed, and so have nurses. In a modern hospital it is not feasible, even in private duty nursing, for a nurse to care for the patients of a single doctor. She must work for many doctors, and a doctor must work with many nurses. Consequently, the nurse must have a broader *training*, and in addition, sufficient *education* so that she can carry out the intent of the doctor's directions. Written orders are, of course carried out as orders, but the doctor expects the nurse to refer the matter back to him if in her judgment circumstances have arisen that make the carrying out of these orders questionable. And only a glance at the "Order Sheet" of today reveals how much of a nurse's work is not prescribed by written order. I am not referring to verbal directions which are all too frequent for safety—but to the thousand and one technical procedures for which the nurse has taken over responsibility. The records of our hospital could tell an interesting story in this respect. It was a serious and long debated step when nurses were permitted to give a hypodermic medication. In my intern days, nurses were not allowed to take blood pressure readings.

The fact is that there are many technical procedures today for which a doctor could not write out adequate orders because he doesn't know how they are carried out. Ask a senior surgeon to write out just what he means by a high caloric or high vitamin diet! Ask a senior

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Ed. Note: An address to a graduating class of nurses at the Massachusetts General Hospital 1947.



physician how to prepare and sterilize the solution and apparatus for an intravenous injection of glucose! Ask either one just what his patient is to eat on the day preceding the cholecystogram he has just "ordered"!

The situation may be summed up by the simple statement that with the growing complexities of medical and surgical care, the doctor has shifted the responsibility for a wide range of intricate and precise technics to the nurse; and that the application of these technics to patients demands a knowledge of their purpose and significance, as well as some familiarity with the disorders for which they are utilized. Only with this knowledge can the technics be applied with safety and effectiveness. Thus, training has given away to education; and the trained nurse to the graduate nurse.

The proposal to increase the educational content of the curriculum with a corresponding decrease in the time the pupil nurse works as an apprentice runs headlong into a very complicated pattern of economics. Consider first the implications of increasing the time devoted to education and the facilities necessary for this program from the standpoint of how the cost is to be met. Education is expensive. There is good reason to believe that the young women who in the past have paid in part for their training by carrying a portion of the hospital work-load, will not be able to pay for education by the necessary increases in tuition and attendant living expenses. Neither they nor their families can assume the added cost of an extended educational program. Universities and colleges, because of heavy commitments for their unrestricted funds, and the lack of new funds, have been unable to assume the cost of offering the apprentice-nurse the opportunity to become a scholar-nurse. Despite many years of effort to gain support from this source, in 1945 only 138 out of 1295 state accredited schools of nursing offered undergraduate programs leading to a degree. 96 of every

100 student nurses were working for a diploma, and only 4 toward a degree.

If the families cannot do it, and the universities find it impossible, will the tax-payer be willing to provide public funds for the specialized technical education of nurses? Probably not without a definite commitment on the part of the nurse that will guarantee a return to the tax-payer, in the form of services rendered. It is quite true that the authority of federal agencies to offer subsidies for higher education is being extended; but so far, as in the Holloway Plan of the Navy this is in essence a recruitment program under which the student contracts to serve the Navy for a stipulated number of years, once he has obtained his education at the expense of the government. In 1946, 32 percent of student nurses enrolled in schools, withdrew before graduation; in 1943 a survey showed that 42 percent of all registered nurses in the country were not practicing their profession. If nurses desire to have their education financed by the tax-payer, they must be willing to renounce some portion of this extraordinary degree of freedom to substitute other more attractive pursuits for a professional career as a nurse. This is a problem that must be viewed realistically by the 128,000 young women who are enrolled in nursing schools, as well as by some 128,000 young bachelors. The tax-payer will also consider the implications of reducing the time that the pupil nurse works as an apprentice, because by so doing she has carried a sizable portion of the work-load of our hospitals. This work-load can be met by hiring more graduate nurses if and when they can be obtained. But there is a shortage of about 40,000 nurses and I have already pointed out the fact that 42 out of every 100 graduate nurses are not available for nursing. So in reality if the tax-payer is approached, it must be explained that he is being asked to subsidize an educational program that will reduce the work-load now carried by the apprentice, which is approximately one-

third of the total work-load of the whole profession, and to provide scholarships for at least two student nurses in order to obtain one graduate nurse to care for the sick.

To secure funds to hire graduate nurses for the care of the sick is difficult, particularly at the present time, but by no means impossible. Right now the country is in the period of a desire for material prosperity that inevitably follows a war. We are inclined to believe that the Federal Government, that successfully directed all of our productive energies toward the limited objective of winning the war, can now abolish all other evils of society and establish life on a higher plane.

Let us look for a moment at the voluntary hospital, that is under attack at this moment by graduate nurses because it cannot ride this wave of material prosperity and inflation by offering shorter hours and increased pay. When a function of society is taken over by democratic government, the standard at which it is maintained and the pace at which further development is possible is determined by the people as a whole through the representatives they elect. The action of government is largely through the selective appropriation of funds derived from the people by taxation, and by the appointment or hiring of public servants.

Education through the high school level is a well recognized governmental function; so is the hospital care of certain groups of the sick. Mental disease and tuberculosis are examples in which the number of patients is enormous and the economic implications of prolonged illness are peculiarly severe and devastating. The people have also directed their government to provide hospital care for that group of citizens who have encountered illness or disability while serving to defend the country in war—the veterans.

An attempt to establish and maintain high standards for the medical care of the veterans of World War I did not succeed even after a good start, at least in part because the appointment and hiring of

public servants was open to the abuses of political pressure. Now, with a complete reorganization and new implementation from Congress, the Veterans Administration is determined to secure the very best that is available for this group of patients. It has entered the competitive market for graduate nurses and offers shorter hours and increased pay—the key words of a period of material prosperity. This was really long overdue, if levels of pay and length of hours in industry or business are taken as the basis of comparison; or the increased cost of living considered as the basis of necessity. Employees of business and industry always move more rapidly in gaining concessions in working hours and pay because they have organized themselves for collective bargaining and refuse to work unless they obtain what they want.

So right now the tax-payer is paying more to the nurse who takes care of his son who went to war than he is to the nurse who is taking care of his daughter with tuberculosis, or his wife who is a patient in a civilian hospital. As soon as he realizes that this will cause what few nurses are available to flock to the veterans' hospitals, and leave his wife and daughter without care, the differences will be ironed out.

To return to the problem of the voluntary hospital, there are quite a few nurses who fail to see why the Trustees of an institution such as the Massachusetts General Hospital are willing to carry on the endless struggle to obtain funds to provide care for a small group of sick and disabled citizens, when in order to carry on they must pinch pennies and expose themselves to charges of exploiting apprentice nurses, and underpaying institutional nurses. Why not dump the whole responsibility right into the lap of the tax-payer and let the government take over? The government is already paying higher wages and offering shorter hours, so all problems would be settled.

First of all, glance at the situation in the public schools where the teachers are in an

uproar. The public schools have been a governmental responsibility for many years. Yet between the years of 1939-1945, while the average salary of all employed persons outside the field of education, rose 79 percent, that of teachers rose only 31 percent. Enrollments in teachers' colleges have shown a serious decline. In California alone, 7,500 emergency certificates have been issued to teachers who cannot meet the school board requirements. The total shortage of competent teachers in the country is variously estimated as 125,000-500,000.

Look at the situation in mental and tuberculosis hospitals that have long been administered by governmental agencies. Here is the same shortage of nurses and attendants based at least in part on low wage scales.

So there is no evidence from these fields that the government, over a long period of time, has been more liberal than the voluntary hospital. The basic conflict lies in the relative wage scales of industry and the salary scales of teachers, nurses, and other workers of the so-called white-collar class. Collective bargaining has been a powerful tool for those who have used it. Is it necessary for nurses to organize in a union? Is collective bargaining possible without the right of strike? Can a profession that cares for the sick use even the threat of strike? These are problems that require mature thought and deliberation.

On the other hand, there is evidence that the voluntary hospitals, the universities and other institutions referred to as expressions of social forces outside the framework of government have a real contribution to make to society. Not being limited by the necessity for approval by the people as a whole, or by their elected representatives, it has been possible for these free institutions to point the way toward change and establish standards of excellence. So in leaving your alma mater for the shorter hours and increased pay of the Veterans Administration, do not forget that the standards of profes-

sional work now being sought by your new employer are those that have been built up by the hard work and pinch-penny policies of the Massachusetts General, and similar institutions. Whether or not the Veterans Administration has found the key to maintaining these standards over a period of years remains to be seen. It is doubtful that it can continue to elevate and improve standards at the rate that voluntary institutions can progress, given equal financial support.

Here we have a glimpse of the very basic definition of what constitutes a profession, as contrasted with a trade or craft. Under what circumstances can nursing qualify as a profession? Not solely because you possess skill and knowledge that is useful when applied to human needs. The plumbing trade has that. A profession implies that the skill and knowledge be used *for others*, as distinguished from one's own needs, and that it be dynamic and constantly developing its full potentialities to guide, and serve the interests and welfare of others.

I have tried to be a realist, as you are facing a hard and realistic world. But if you want nurses to be students rather than apprentices, if you seek education rather than training; if you desire a profession rather than a trade, then you must face the responsibilities that these ambitions carry with them. I know you do want these things, and I have pointed out the pressing need for educated nurses in modern medicine. But do not take lightly the responsibilities you are taking on your shoulders. You must find ways to finance the cost of the education you need and desire, and yet not bind yourselves by conditions that are certain to prove harassing. You must devise ways to carry the workload that the apprentice-nurse is now carrying. You must extend and develop the knowledge and skills on which your claims to being a profession are based. And above all, you must make nursing more attractive so that larger numbers will remain active in it as a career.



# Walter Prentice Bowers

1855-1947

In June, 1935, on the platform of Sanders Theater, President Conant conferred the honorary degree of Master of Arts on Dr. Walter Prentice Bowers, then in his eighty-first year. "A physician devoted to his calling, for more than forty years a general practitioner in Worcester County, he has brought skill and wisdom to countless homes."

This was President Conant's characterization of Dr. Bowers. There was much more that might have been said, for in addition to his labors in the field of medicine, this quiet, unassuming recipient of the M.A. degree had given freely of his time, strength and wisdom to many other causes, some allied to medicine, others to civic affairs.

Dr. Bowers had come up the hard way. One of the eight children of the Reverend Charles Manning and Ella (Dawson) Bowers, he had, after graduation from high school, worked in a drug store to earn the money to put himself through the Harvard Medical School. During this time he taught himself Latin and Greek. How well he had done this was proved by an incident which I shall never forget. While I was associated with him on the *New England Journal of Medicine*, I suggested as a title for an editorial, "Timeo Danaos dona ferentes." Dr. Bowers, in his kindly way, suggested that it might be more accurate if "et" were inserted after "Danaos."

After graduating from the Medical School with honors in 1879, Dr. Bowers spent some time in the Out-patient Department of the Massachusetts General Hospital and on the Staff of the Worcester Lunatic Hospital. In 1881 he moved to Clinton where he practiced general medicine and surgery until his death. In 1880 he married Helen M. Burdett of Clinton, who died several years before he did. They had no children.

In 1894 he became a member of the Massachusetts Board of Registration in Medicine; in 1913 he became Secretary of the Board, a position which he held until 1922. The first time I saw him was when I took the Board Examination in 1908. He asked me to describe the Bassini operation; to this day I can recall his attitude of courteous encouragement.

He was always active and influential in medical administration. In 1903 he was president of the Worcester District Medical Society. In 1898 he was elected a councillor of the Massachusetts Medical Society and was President of that Society from 1912 to 1914. As a member of the House of Delegates of the A. M. A. he is said to have been one whose searching questions and forthright attitude commanded great respect.

In 1920 Dr. Bowers was active in effecting the purchase by the Massachusetts Medical Society of the *Boston Medical and Surgical Journal*. In 1921 he became the Managing Editor, a position which he held until 1937. During that period, he not only established the *Journal* as one of the leading medical periodicals of the country, but carried on his practice at the same time. After a long day in Boston, he returned by train to Clinton and a waiting room full of patients.

The Clinton Hospital had always been one of his great interests; he founded it in 1889 and was President of its Association for fifty years. Even in the year before he died he had led the successful campaign to raise funds for its new building; before he died, he was able to see this building well on its way to completion.

He had been a member of the Board of Selectmen, Town Meeting Moderator, a member of the Board of Health, Vice-President of the Clinton Trust Company and a Director of the Clinton Savings Bank.

In the midst of these various activities, Dr. Bowers never lost his zest for hunting and fishing. To spend a day with him in the woods was a delightful experience, especially if Dr. Codman were one of the party. Their reminiscences and their gentle cracks at each other's shooting ability were priceless.

Dr. Bowers never ceased to be interested in the world about him, especially in its medical aspects. He was a great questioner and seemed never to forget what he had been told. His interest in people

and in the events in which they were concerned remained active throughout his life.

He was a product of New England, with the characteristic virtues and few of the faults of this breed of men. He was a wise and loyal friend and a delightful companion. He never spared himself in carrying out his duties, but did what he felt was right with an integrity and courage that never failed.

GEORGE GILBERT SMITH, '08

## *Robert Nason Nye*

1892-1947

Dr. Robert Nason Nye died in Boston on September 10 at the age of 55. He was born in Springfield, Massachusetts, on June 3, 1892. He received his A.B. from Harvard in 1914 and his M.D. in 1918. He served as a medical intern at the Massachusetts General Hospital from 1918 to 1919 and as assistant to Dr. Frederick T. Lord in the Medical Research Laboratory of the same hospital from 1919 to 1920. From 1920 to 1921 he held the position of research assistant in pathology at the Boston City Hospital. Following this, he spent one year as assistant director of the Massachusetts State Antitoxin and Vaccine Laboratory. In 1923 he joined the staff of the Thorndike Memorial Laboratory of the Boston City Hospital as assistant physician, becoming associate physician in 1929. He was appointed assistant pathologist to the Boston City Hospital in 1933, a position he held until the time of his death. In 1937, he became Managing Editor of the *New England Journal of Medicine*. He was appointed Instructor in Bacteriology and Immunology at the Harvard Medical School in 1923 and in 1942 was promoted to Assistant Professor.

Dr. Nye was a member of the Com-

mittee on Information, National Research Council and during the war served on the Committee on Information of the Procurement and Assignment Service of the War Manpower Commission. He was a councilor of the Massachusetts Medical Society, a trustee and treasurer of the Bos-



ton Medical Library and a director at large of the Massachusetts Tuberculosis Association.

He was a member of the American Medical Association, Massachusetts Medical Society, the American Association of Pathologists and Bacteriologists, the American Association of Immunologists, the Society for Clinical Investigation, the American Association for the Advancement of Science and the Society for Experimental Biology and Medicine. He was a member of the Council of the Harvard Medical Alumni Association from 1942 to 1944, and a member of the Editorial Board of its *Bulletin* at the time of his death.

Dr. Nye married Katherine Blake Lincoln in 1917. He is survived by his widow and two children, Mrs. William E. Coleman and George Nye, and by two grandchildren.

Dr. Nye's talents lay in many directions as the course of his life gave proof. During the time he was actively engaged in lab-

oratory work, he published some 30 papers on bacteriology, immunology and virology. He was mainly responsible for the designing and equipping of the Mallory Institute of Pathology. He devoted the greater part of two years to this and the results of this work bespeak his genius along this line. As Managing Editor of the *New England Journal of Medicine*, he demonstrated his administrative ability and to him in great part is due the remarkable position the Journal now occupies in the medical world.

His life was an unusually full and happy one. He had many and varied interests outside his work. Whatever he undertook, he did capably and with enjoyment. His personality was featured by his intellectual honesty, his kindness of heart and his loyalty to his many friends. For those who were privileged to know him, his death is an irreplaceable loss and it is all the more tragic since he died at the peak of his career.

FREDERIC PARKER, JR., '16

## *Elliott Carr Cutler*

1888-1947

The members of the Class of 1909 at Harvard College recognized in Elliott Cutler the makings of a person bound to succeed. He was gifted with perpetual energy, winning charm of manner, a good mind, and a striking determination to get things done against odds as, for example, crossing the finish line first in a four-mile boat race against Yale. His teachers at the Harvard Medical School also recognized in him a medical student of rare promise; the kind of a man who inevitably would acquire A's in the hardest subjects and who, indeed, could be awarded only three C's during his entire course.

He was a medical student in the days when one's fourth year work was elective and when one could spend one's time as

one saw fit. Cutler wisely chose to devote his fourth year to pathology at the Boston City Hospital. Here, his vision broadened. Not only was Dr. F. B. Mallory in command of the laboratory to inspire and direct a beginner and to teach the need of meticulous, accurate, honest observation, but also, close by, there were other equally positive and dynamic teachers—Dr. Timothy Leary for one, who always was sympathetic to young men, and Pasco the Unforgettable for another, who seemed a constantly erupting volcano of pathologic information both true and apocryphal.

There was a new Professor of Surgery at the Medical School whose influence had begun to make itself felt. Harvey



Cushing naturally attracted a man like Cutler and so, when the decision had to be made as to which hospital to apply for an internship, Cushing drew Cutler as a magnet draws steel and thus he became one of the early surgical interns at the Peter Bent Brigham Hospital.

Cutler was a good House Officer, eager to learn, tireless, and quickly becoming an independent thinker. It was while he was an intern, in the small hours of the morning after a full day's work, that he managed to complete, with J. L. Stoddard, his first significant medical contribution. Their monograph on "Torula Infection in Man" is always referred to in the literature as new case reports are added.

Dr. Mallory and Dr. Cushing both made Cutler feel that a career in academic surgery would prove of greater interest to him than any other way of life. Hence he fitted himself for this deliberately by serving a prolonged period of residency training at the Peter Bent Brigham Hospital and the Massachusetts General, by a year at The Rockefeller Institute as a volunteer worker where Dr. Simon Flexner taught him more of the demands of science and the need of self-criticism, and by traveling abroad from time to time to widen his horizon.

Cutler believed in fearless living and in the joy of adventure. As he grew older he also developed a high ideal of patriotism and used to say that so far as he was concerned his country's needs came first and next were the needs of his university. Thus, when war came, his academic career was given immediate leave to withdraw. He served with distinction in both World Wars, finally becoming one of the few members of the Harvard Medical Alumni Association ever to have been on active duty as a Brigadier General in the Medical Corps of the United States Army.

At the end of the first war he was spoken of as a promising young surgeon. A few years later, in 1924, he was offered the professorship of surgery at Western



Reserve University to succeed Dr. Crile. This was a new adventure, with great appeal, which he grasped enthusiastically. He remained in Cleveland for eight years, gaining experience as an administrator, talent as a teacher, and academic wisdom as the director of a large department.

Harvard Alumni beyond the western slopes of Massachusetts make a strong body. In Cleveland they welcomed Cutler with open arms, in part, no doubt, because his vigor was much of the same pattern as was their own. Presently they supported his election—which he won easily—to three important Harvard offices: President of the Associated Harvard Clubs, President of the Harvard Alumni Association, and member of the Board of Overseers. Not many Harvard graduates have ever received so many honors from their fellows.

Dr. Cushing retired in 1932; Cutler was invited to succeed him and thus became the fourth Moseley Professor of Surgery in the Harvard Medical School, falling in line behind such eminent predecessors as John C. Warren, Maurice H. Richardson, and Cushing himself. He became known

internationally as a skillful surgeon and a productive writer. He acquired national reputation during the second World War as Chief Surgical Consultant in the European Theatre of Operation and later for his interest in the health of veterans. Many thousands of soldiers can thank his administrative skill which helped to make possible a well-organized program of treatment from the instant of their being wounded until their recovery was com-

plete.

He will be remembered affectionately in the Harvard Medical School by Faculty and students. Here he will always be considered one of Harvard's favorite sons: 'a godly Gentleman and a lover of Learning there living amongst us' who strove valiantly, for the glory of the University and the benefit of mankind, 'to advance *Learning* and perpetuate it to Posterity.'

REGINALD FITZ, '09

## Reunions

### FIFTEENTH REUNION

The 15th reunion of HMS '32 was held at the Cliff House, Scituate, Mass., on June 14, 1947. Thirty-five members arrived in time for the class picture, but by the conclusion of the festivities, 48 men and 34 wives were present. Under the direction of George Wilkins, all arrangements, including a dinner and a business meeting, progressed smoothly. The class voted 47-1 in favor of a class letter, which the Secretary is now composing, and which will be distributed in a few weeks. A committee was appointed to consider the class gift we are planning to present to the School on our 25th Reunion. It was decided, by an overwhelming vote, to hold another reunion in 5 years.

### TWENTY-FIFTH REUNION

The Class of 1922 held their Twenty-fifth Reunion on June 14, 1947, and the following men attended:

Simon Albert, Roy W. Benton, Russell R. Best, Douglas Boyd, G. Colket Caner, Charles E. Constantine, Leo Davidoff, E. B. Dunphy, M. Fletcher Eades, Carl H. Ernlund, Edward T. Evans, Kenneth C. Farnsworth, Earl E. Fipphen, Fred C. Fishback, G. B. Fred, Stanton Garfield,

James Glazier, Joseph Goldman, Howard B. Goodrich, William F. Harper, Jerome Head, Heywood H. Hopkins, George Kahn, Thomas P. Kendrick, Moses Kopel, Walter S. Levenson, Robert E. Loring, Donald Lum, Kenneth Maclachlan, Blackwell Markham, Joseph M. Meherin, Richmond Moore, Paul C. Morton, Hugh L. Robinson, Herbert W. Salter, Howard B. Sprague, E. Myles Standish, Grantley W. Taylor, Max Tennis, William H. Van Wart, Paul W. Vestal, Herman A. Winkler, Louis Wolff, Edward G. Waters.

After addresses at the Medical School by Dr. J. Howard Means and Dr. Reginald Fitz, the Class's gift of \$2,805.00 was presented to the Medical School.

From the Medical School, the Class went to Graves Beach, Manchester in two busses and a number of cars. Unfortunately, the weather was not propitious so that a clambake could not be held on the beach but was held in a barn, and a good time was had by all.

Later in the afternoon Howard Sprague entertained at his house, and still later everyone went to the Country Club, Brookline, for dinner and a few short speeches. Leo Davidoff showed a film taken on his mission to Czechoslovakia; Stan Garfield talked about his experiences in Yugoslavia; and Grantley Taylor



amused the Class in his best vein with a talk on nothing in particular.

Those present voted to have a reunion every five years, and in fact some wanted to have a reunion more often. All who attended the 25th seemed very glad that they had done so and felt the occasion was very worth while, as well as enjoyable.

### THIRTY-FIFTH REUNION

When the Class of 1912 graduated, there were 61 members. At the time of the 25th Anniversary Reunion held on May 27, 1937, 25 members came to the celebration. Since the beginning, 1912 has lost 15 men. Their names and the dates of their deaths are:

Dr. William Gilbert Anderson died July 7, 1947  
 Dr. Charles Franklin K. Bean died July 23, 1947  
 Dr. William Wallace Behlow died April 29, 1937  
 Dr. Richard D. Bell died December 6, 1925  
 Dr. George Hayward Binney died December 14, 1926

Dr. Ernest Granville Crabtree died May 30, 1947  
 Dr. Robert Bates Hunt died June 22, 1937  
 Dr. Norman Paul Hersam died January 15, 1942  
 Dr. Walter Maurice Lacey died April 6, 1942  
 Dr. Henry Lyman died June 15, 1934  
 Dr. Raymond Brewer Parker died October 19, 1940

Dr. Isidor Perlstein died (date unknown)  
 Dr. Donald Wallace Porter died September 8, 1939

Dr. Edward Levis Prizer died September 7, 1938  
 Dr. Edward Flagg Sweeney died November 17, 1941

In spite of these heavy losses, 26 men were present at the Thirty-Fifth Reunion. At twelve noon on Friday, October 3, 1947, in the Ether Dome of the Massachusetts General Hospital, the following members assembled.

Dr. Samuel M. Alter, Los Angeles, California  
 Dr. Donald V. Baker, Boston  
 Dr. Lyman G. Barton, Jr., Plattsburg, New York  
 Dr. Louis H. Bauer, Long Island, New York  
 Dr. Daniel C. Brennan, Akron, Ohio  
 Dr. Whitman K. Coffin, Boston  
 Dr. Frederick A. Collier, Ann Arbor, Michigan  
 Dr. Joseph A. Donovan, Houlton, Maine  
 Dr. William A. Hinton, Boston\*  
 Dr. Herbert H. Howard, Brookline, Massachusetts  
 Dr. Jerome K. Knowlton, Greenwich, Connecticut

Dr. Frank C. W. Konrad, Boston  
 Dr. Percy J. Look, Andover, Massachusetts  
 Dr. George R. Minot, Brookline, Massachusetts  
 Dr. Sterne Morse, South Euclid, Ohio  
 Dr. Joseph L. Murphy, Taunton, Massachusetts  
 Dr. Ezekiell Pratt, Arlington, Massachusetts  
 Dr. Francis M. Rackemann, Boston  
 Dr. Wayne S. Ramsey, New York  
 Dr. Eugene W. Rockey, Portland, Oregon  
 Dr. Orville F. Rogers, New Haven, Connecticut  
 Dr. Clifford G. Rounsefell, Wellesley, Massachusetts

Dr. Wilson G. Smillie, New York  
 Dr. John E. Talbot, Worcester, Massachusetts  
 Dr. Philip D. Wilson, New York  
 Dr. Melver Woody, New York  
 \*Came to lunch at Harvard Club on Saturday.

After a period of individual greetings, Dr. Rackemann called the group to order. Dr. J. H. Means was ill, and for him Dr. Rackemann reviewed very briefly the activities of the Medical Services — the increase in the House Staff, the role of the Residents, the opportunities for research, and some of the results thereof.

Everyone wanted to know about Dr. Minot, and Dr. Rackemann described briefly the onset of cerebral thrombosis on April 15, 1947 and the hemiplegia which resulted and from which he is now recovering. It was good to know that Dr. Minot would meet the class later in the day.

Dr. Rackemann outlined the program of this meeting — described the "Ship's Cabin" in Marblehead; its good food, its comfortable arrangements, and hoped that "all hands" would dine there and spend the night there.

At 1 p.m. a photograph was taken on the Bulfinch steps. After it the class lunched together in the M. G. H. cafeteria — Dr. Rackemann explaining the role which this cafeteria has played in bringing all hospital doctors together.

### FRIDAY AFTERNOON

The Bigelow Surgical amphitheatre on White 3A was busy so that the next meeting was held in the new Robert S. Hurlburt Memorial room on White 3A. Dr. Edward D. Churchill, John Homans Professor of Surgery, described the education

of the surgeon. The course is long and something must be done to provide the young intern with support and security. Is it not wrong to force the young man to live for so many years without material income, preventing his marriage and restricting his activities until years later when quite suddenly he "cashes in" and eventually becomes established? The economics of such a life program are all wrong, but what to do about it is not easy to say.

From the White Building the class moved to the area of the Huntington Hospital which has been established on the third floor of what was the M. G. H. Domestic Building. Dr. Joseph C. Aub, Professor of Research Medicine, and Director of the Huntington Laboratory, described the cancer problem in very simple terms. Two experiments illustrate it.

First, when a large portion of the liver of a rat is removed, the animal survives and in a remarkably short time the liver regenerates. New cells develop until the liver is restored to its original size. At that point, however, the cells develop no more. What controls the growth? The answer will be fundamental. Secondly, when a rabbit's ear is painted with a carcinogenic agent, nothing much happens at first but when the ear is injured mechanically, the repair of that injury gives rise to tumor cells in the treated area but only to normal cells in the normal area. The carcinogenic agent has changed the reactive capacity of the rabbit's ear. What is the change? That answer too will be fundamental. Dr. Aub was good.

At 4 p.m. the class moved to the City Hospital where, in Dr. Minot's absence, Dr. William B. Castle took charge. He welcomed the visitors with evident pleasure and then introduced his associates: Dr. Maxwell Finland discussed viruses and the relation of virus to bacterial pneumonia. Dr. Robert H. Williams told about thyroid physiology, and the means of its control, and finally, Dr. Lionel Berk reported on new observations concerning

folic acid: Folic acid can produce nerve lesions and glossitis in pernicious anemia and this drug should not be used — period.

At 5:30 p.m. the class arrived in Dr. Rackemann's home. They were delighted to find Dr. Minot already there. Everyone was glad to see him and he was pleased at their warm reception. Cocktails were enjoyed by all.

#### FRIDAY NIGHT

At 7:00 p.m. the Class dinner was held in the Aesculapian Room at the Harvard Club of Boston. Twenty-four members were present. Dr. Rogers was toastmaster, but the brethren were not disposed to hear speeches. Everyone enjoyed talking with everybody else. Drs. Barton and Brennan played the piano, as usual. It was a gay evening which lasted until after midnight.

#### SATURDAY

After luncheon in the Harvard Club 19 members of the Class drove to the "Ship's Cabin" in Marblehead. They found an attractive inn built over the old coal wharf with deep water off the piazza. The launch "Kelpie" was engaged for a trip around the harbor, and the doctors enjoyed it thoroughly. They circled Children's Island where some of them had worked as students, and then stood into Salem Harbor to visualize the home port of the old-time square riggers. It had been a little rough outside:—It was quite cool at sundown. The new doses of ethanol had real medicinal value. Dinner included clam chowder and lobster which was cooked to perfection — a truly delicious meal. After that there was music, much good talk, and a little beer, and almost everyone was in bed by 11:00 p.m. Fifteen men spent the night in Marblehead.

#### SUNDAY

Breakfast on Sunday morning was "interesting". It was also extremely pleasant, and the "goodbyes" afterward were really sad.

Here was a group of men selected on no other basis except that they had happened

to enter the Harvard Medical School on the same day and at the same age. Now, thirty-five years later, they were obviously friends in every sense with feelings of real respect and real affection between them. The Thirty-Fifth Reunion was an enormous success. The "brethren" look forward to a similar meeting two years later, in the fall of 1949.

Respectfully submitted,

FRANCIS M. RACKEMANN, "*Manager*"

### FORTIETH REUNION

Our 40th Reunion was celebrated by a dinner at the Harvard Club in Boston on May 20th. Twenty-four members of the class were present: Fred H. Allen, Francis G. Barnum, William J. Brickley, Lloyd T. Brown, Arthur W. Carr, Charles O. Chase, Patrick A. Devaney, George B. Farnsworth, Archibald M. Fraser, Harold G. Giddings, Fred A. Higginbotham, James L. Huntington, Oliver A. Lothrop, Earl J. Mathewson, Mason R. Pratt, John E. Rice, Charles M. Richards, Augustus Riley, James B. Ayer, Richard M. Smith, Frederic A. Stanwood, Eliot Sturtevant, Irving J. Walker, Harvey Wheelock. One member, Dr. Richards, flew from San Jose, California, to be present.

An innovation was the presence of seven sons, graduates of Harvard Medical School: Fred H. Allen, Jr., Francis G. Barnum, Jr., Lloyd T. Brown, Jr., Thornton Brown, W. Philip Giddings, Benjamin L. Huntington, John D. Rice.

Jim Huntington served as toastmaster and introduced George Farnsworth who discussed medical instruction in connection with the Bingham Fund of which he was the head until his sudden death shortly after the meeting, Richard Smith who

discussed new developments at the Children's Hospital, and Philip Giddings who gave us an intimate picture of medical war conditions, personally experienced by him.

### FORTY-FIFTH REUNION

The class of '02 held its Forty-fifth Reunion at the Harvard Club in Boston on June 20, 1947. Twenty-seven members attended. After dinner, in a round the table talk, each man present gave an outline of his work since graduating.

Raphael Thomas related some thrilling medical experiences in the Orient, where he has spent most of his professional life.

Charles Keene, Professor *emeritus* of hygiene and physical education at the University of Buffalo, discussed public health and his work with the Red Cross.

George Hathaway, who became attached to the U. S. Navy shortly after graduating, related his experiences aboard ship.

Bob Hollister of Omaha, Nebraska, is spending his retirement from practice in traveling about the country, hoping to visit every state.

Don Cragin, Medical Director of the Aetna Life Insurance Company, although in poor health, came to his last reunion. The class will be grieved to learn that this popular class member died at his home in Hartford three weeks later.

### FORTY-SIXTH REUNION

A reunion and dinner of the class of '01 was held at the Harvard Club, Boston, on the evening of June 11. The Chairman, David Cheever, presided, and fifteen members were present. It was voted to meet again in 1948.



## LECTURES SERIES UNDER THE AUSPICES OF THE UNITED STATES NAVY

The following lectures will be given before the conjoint student body of Boston University School of Medicine, Harvard University Medical School, and Tufts College Medical School, during the year 1947-1948. The medical profession is invited.

15 October, 1947, 5:15 P. M., Room 6,  
Tufts College Medical School.

"The Effects of the Atomic Bombs on the Populations of Hiroshima and Nagasaki", by Captain Shields Warren, MCS, USNR (Inactive), Director of Laboratories, New England Deaconess Hospital; Director of Tumor Diagnostic Service, Commonwealth of Massachusetts; Assistant Professor of Pathology, Harvard Medical School; Member of Atomic Bomb Casualty Commission; Member, Board of Consultants to the Surgeon General of the Navy: Senior Naval Reserve Consultant. (Pathology), U. S. Naval Hospital, Chelsea, Mass.

4 November, 1947, 5:15 P. M., Auditorium,  
Boston University School of Medicine.

"Allergy in the Armed Forces", by Captain Walter S. Burrage, MCS, USNR (Inactive). Assistant Physician, Massachusetts General Hospital; Attending Physician, New England Deaconess Hospital; Branch Section Chief in Allergy, Area No. 1, Veterans Administration; Naval Reserve Consultant (Allergy), U. S. Naval Hospital, Chelsea, Mass.

9 December, 1947, 5:15 P. M., Amphitheatre E, Harvard Medical School.

"Diagnosis and Treatment of Traumatic Injuries of the Urinary Tract", by Captain Channing S. Swan, MCS, USNR (Inactive), Assistant Urologist, Massachusetts General Hospital; Attending Urologist, Cushing Veterans Administration Hospital; Senior Naval Reserve Consultant, (Urology), U. S. Naval Hospital, Chelsea, Mass.

14 January, 1948, 5:15 P. M., Room 6,  
Tufts College Medical School.

"Blast Injuries", by Captain Joseph S.

Barr, MCS, USNR (Inactive), Chief of the Orthopedic Service, Massachusetts General Hospital; Clinical Professor of Orthopedic Surgery, Harvard Medical School; Member of the Board of Consultants to the Surgeon General of the Navy; Senior Naval Reserve Consultant (Orthopedic Surgery), U. S. Naval Hospital, Chelsea, Mass.

10 February, 1948, 5:15 P. M., Auditorium,  
Boston University School of Medicine.

"Psychiatric Misfits in the Navy", by Captain A. Warren Stearns, MC, USNR, (Inactive), Psychiatrist and Professor of Sociology, Tufts College.

23 March, 1948, 5:15 P. M., Amphitheatre E, Harvard Medical School.

"Cardiology in the Navy in World War II", by Captain Howard B. Sprague, MCS, USNR (Inactive), Associate Physician, Massachusetts General Hospital; Chief of the Medical Staff, House of the Good Samaritan; Branch Section Chief in Cardiology, Area No. 1, Veterans' Administration; Senior Naval Reserve Consultant, U. S. Naval Hospital, Chelsea, Mass.

14 April, 1948, 5:15 P. M., Room 6, Tufts  
College Medical School.

"Military Neurosurgery in Time of War and Peace", by Commander Hannibal Hamlin, MCS, USNR (Inactive), Staff Neurosurgeon, Rhode Island Hospital, Butler Hospital and Emma Pendleton Bradley Home; Graduate Assistant in Neurosurgery, Massachusetts General Hospital; Naval Reserve Consultant, (Neurosurgery), U. S. Naval Hospital, Chelsea, Mass.

4 May, 1948, 5:15 P. M., Auditorium,  
Boston University School of Medicine.

"Immunization Procedures", by Captain R. Cannon Eley, MCS, USNR (Inactive), Visiting Physician, Infants' and Children's Hospital; Chief of Isolation Division Infants' and Children's Hospital; Senior Naval Reserve Consultant, (Pediatrics), U. S. Naval Hospital, Chelsea, Mass.

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## EDITORIAL

It is always pleasant to observe good works. It is said that to perform good works affords even greater pleasure. If so, two individuals have been brought to our attention who as a result of their philanthropy deserve the best that life can offer.

In the first instance the widow of a graduate recently deceased has written to Dean Burwell as follows: "One of his deepest interests was extending a hand to others coming up the ladder of medicine. He had so many wonderful favors extended to him, many of which he said he couldn't repay except as he could help some one else along the way. It always gave him great pleasure to have an opportunity to do this."

Enclosed was a check which equalled the sum awarded her husband in three scholarship grants while a student.

The second individual is a graduate of not too long ago who wrote telling of what his education in the Medical School had enabled him to do. His career as outlined has indeed been successful. He said in part, "when I was in the Medical School, I was granted a scholarship which I have always wanted to repay so that some other fortunate student might have a similar advantage. . . The thing which has

given me the greatest pleasure and for which I am most thankful for my Harvard training is the opportunity to be useful in the advancement of medicine among my own people (colored)." He has sent the Medical School a gift repaying in full each of the four scholarships received.

In this issue is a speech of Dean Burwell in which he points out the great need for scholarship funds to be available when government aid is withdrawn.

The instances mentioned above seem to us a fine way for alumni to utilize some of their present earning power to insure opportunity for their successors among the students of the School.

\* \* \* \*

The Editor understands so little of his job that problems are practically unknown, but with the able assistance of Mrs. Wilson, the BULLETIN somehow or other appears its appointed four times a year, and probably reaches its 6000 destinations in due course. I say probably because once the BULLETINS are in the mail, it is indeed rare that any word ever returns. Occasionally a letter and during the war a few articles on military experience were received, but essentially nothing else. In the last few years there have been no articles submitted that have not emanated from very close to the School itself. Of course, it is fitting and proper that the bulk of interest should center around the School, but it is an ALUMNI BULLETIN and as such is open to all alumni. Bostonians and doubtless graduates in San Antonio and Cleveland will be as interested in ideas and events transpiring in Seattle and Savannah as they are in purely Bostonian news items.

In our last issue an appeal was made for opinions concerning the proposed War Memorial. In the *Harvard Alumni Bulletin*, letters on the same subject filled columns of space. In the three months that have passed not a word has been received on the matter. Printable material, applause and criticism are all equally valuable to an Editor; it is disinterest that is disheartening.

## Book Reviews

**HANDBOOK OF MEDICAL EMERGENCIES.** By Thomas B. Fitzpatrick, M.D., 135 pages. Cambridge: Harvard University Press, 1947. Price \$2.00.

This valuable little book presents in outline form the medical, as opposed to surgical, treatment of emergencies. It should be of great worth not only to the younger intern but also to the practicing physician. There is at present no easily available literature to which a puzzled doctor can turn in times of such emergency. With this small book at hand, much valuable time, as well as, no doubt, many lives, may be saved.

Obviously, such a didactic outline of treatment will sometimes run counter to the ideas of individual physicians, as the authors themselves point out. In some instances, notably in the discussion of the treatment of diabetic acidosis, alternative methods are suggested. In general, the treatment given seems sound and practical.

The book is subject to the criticism applicable to all text books. By the time the book is printed, newer and better methods of treatment are available. For instance, the use of streptomycin (such as in *H. Influenzae* infections) is not mentioned. It is to be hoped that the authors will produce frequently revised editions.

A more serious adverse criticism is in regard to the print. This is so fine that those older practitioners who are approaching the "trombone" age, but who have not yet resorted to glasses, will have difficulty in reading it. On the other hand, the small print results in a small book, easily slipped into coat or bag pocket.

Minor adverse comments that occur to this reviewer are hardly worth mention. He deplores the use of the word "luetic" (except when talking before patients); and he wonders why amphetamine is not suggested in the treatment of barbiturate poisoning. He thinks the fractional P.S.P. renal function test (especially the 15 and 30 minute readings) give much more information than the one hour reading.

These rather picayune criticisms cannot, however, detract from the real value of this book. It may well prove to be indispensable to the medical practitioner, whether he be young or old.

WYMAN RICHARDSON, '23

**PSYCHIATRIC RESEARCH, NUMBER 9** IN A SERIES OF HARVARD UNIVERSITY MONOGRAPHS IN MEDICINE AND PUBLIC HEALTH. By Cecil K. Drinker, M.D., 120 pages. Cambridge: Harvard University Press, 1946. Price \$2.00.

Psychiatric Research contains a compendium of the papers read at the dedication of the laboratory for Biochemical Research at the McLean Hospital, Waverley, Massachusetts, on May 17, 1946.

Dr. Cecil K. Drinker, in the opening address, briefly sketches the history of psychiatric investigation at the McLean Hospital.

Dr. Jordi Folch reviews and correlates some of the unique characteristics of the brain from the chemical point of view with its histological features and with some of the known facts in regard to its early development. He emphasizes that all biochemical and physiological findings in regard to the brain must be interpreted against a background of understanding of the development of synaptic connections, if the question of the material basis of personality make-up is finally to be answered.

Dr. Stanley Cobb gives a report of the progress of the psychiatric service at the Massachusetts General Hospital since its inception. The largest part of this address concerns itself with one example of the integration of medicine and psychiatry in the study of Neurocirculatory Asthenia, stressing the necessity for a pluralistic point of view in the attack of any such problem.

Dr. Herbert Gasser reviews the importance of language and its usage in the logical organization of science and points out that care in the use of language is as essential as care in observation or the design of experiments. Reports should be rendered in sentences verifiable by the testing rule to deserve a place in organized science. He adds a plea for the necessity in the development of the science of psychiatry for reports phrased only with that which is observation, and the omission of that for which there is no means of observation, and subsequent communication.

Dr. Wilder Penfield presents an excellent short resume of the subject in his discussion of the psychic manifestations of certain types of local epileptic seizures.

The volume is closed by Dr. Edward A. Strecker's address on the Psychobiology of Psychiatric Research. He makes an excellent plea for conservatism and soundness of approach, both in research as to etiology as well as in evaluation of treatment methods.

Although understandable from the standpoint that these addresses were made on the



occasion of the opening of a biochemical laboratory, it is perhaps unfortunate that among these very excellent discussions there was not included for the sake of completeness also one approaching psychiatric research from the purely psychodynamic point of view.

Throughout the volume a thoroughly readable and informal style results from the fact that the material was presented in the form of public addresses. The reviewer agrees with the statement on the front flap, that this book will be of interest to psychiatrists, neurologists, neurosurgeons, and those engaged in psychiatric research, as well as those in authority in institutions for the study and treatment of mental diseases. It contains much useful information, covering a wide range of divergent approaches to psychiatric investigation; and may, therefore, be of value also to medical students, physicians, and others interested in the specialty of psychiatry.

ALFRED O. LUDWIG, '30

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## Necrology

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1879

WALTER PRENTICE BOWERS died at Clinton, Mass., July 22, 1947.

1891

JAY PERKINS died at Providence, R. I., October 18, 1947.

ARTHUR HOWARD WENTWORTH died at Falmouth, Mass., July 30, 1947.

1896

ISAIAH LOVELL PICKARD died at West Concord, Mass., August 12, 1947.

1902

SAMUEL ROBINSON died at Santa Barbara, Calif., September 16, 1947.

DONALD BRETT CRAGIN died at Hartford, Conn., July 13, 1947.

1903

ORRIN CURTIS BLAIR died at Lynn, Mass., August 3, 1947.

1904

LOUIS ARKIN died at Boston, Mass., October 1, 1947.

1905

HENRY MATTHEW GRADY died July 30, 1947, at Dedham, Mass.

FRANK WHEELER HORN BROOK died at Chevy Chase, Md., May 2, 1947.

1906

JAMES LIGUORI MORIARTY died at Woodstown, N. J., April 8, 1947.

1907

GEORGE BOURNE FARNSWORTH died at Damariscotta, Me., May 22, 1947.

1911

CHRISTIAN AUGUSTUS NELSON died at Cambridge, Mass., September 20, 1947.

1912

CHARLES FRANKLIN K. BEAN died at West Medford, Mass., July 23, 1947.

1913

ELLIOTT CARR CUTLER died at Brookline, Mass., August 16, 1947.

1918

ROBERT NASON NYE died at Chestnut Hill, Mass., September 10, 1947.

1931

ALEXANDER WOODWARD WINKLER died at New Haven, Conn., June 26, 1947.

1937

JOHN ROBERT COCHRAN, JR., died at Chicago, Ill., September 27, 1947.

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## Alumni Notes

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1895

Elliott P. Joslin, Clinical Professor of Medicine, *Emeritus*, at the Harvard Medical School, has been elected President of the New England Diabetes Association.

1901

Kendall Emerson, National Director of the National Tuberculosis Association, flew to Paris early in the summer to attend an international conference on tuberculosis.

1903

Cleveland Floyd has been elected President of the Massachusetts Tuberculosis League.

1911

Paul D. White was among a group of fourteen distinguished American physicians who received Czechoslovakia's highest honor—the Order of the White Lion—for his service to that country in 1946 as a member of the Unitarian Service Committee Medical Teaching Mission.

